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ALEXANDER'S OPERATION WITHOUT BURIED SUTURES.*

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Buried sutures of any kind occasionally prove unsatisfactory after fixation of the round ligament in Alexander's operation. Catgut is not durable enough. Silkworm gut is durable, but often causes pain, and I have had these sutures become infected after remaining in the tissues for a year, subsequent to perfect union of the external wound, when their removal became necessary because of the formation of a fistula. For the same reason silk is objectionable.

To avoid the use of buried sutures of any kind, and at the same time to get perfect and more reliable shortening of the ligaments than is possible with any form of suture, I adopted the following method in a case operated on at the Woman's Hospital, February 13, 1896:

I made the ordinary inch-and-a-half incision on either side, beginning half an inch inside of the spine of the pubes, and extended it in the direction of the anterior superior spine of the ilium. The lower ends of the incisions were about an inch and a quarter apart. I exposed the round ligaments, freed them and drew them out, each having a superabundance of about two inches and a half. I then passed a closed, pointed artery forceps from the bottom of the lower end of the wound on the right side beneath the suprapubic tissues to the corresponding point in the lower end of the wound on the left side, grasped the round ligament of the left side in the forceps, and then, by withdrawing the instrument, brought the left ligament beneath the skin, fat, and superficial fascia, between the lower ends of the wounds to the lower end of the right wound (Fig. 1). I next freed the pubic attachments of both round ligaments, drew the uterus well forward by drawing taut the two ligaments, and then securely fastened the

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ligaments by tying them together with a double knot, as advised by Duret, of Lille (Fig. 2).

This procedure shortened the ligaments thoroughly and at the same time fixed them. I then closed the wound with fine silkworm-gut sutures, allowing every other one to include a small amount of the ligaments and the edges of the external inguinal ring. The stitches were removed on the seventh day.

The advantages of this procedure are: That the success of the operation is not dependent upon, first, a non-absorbable suture, and,

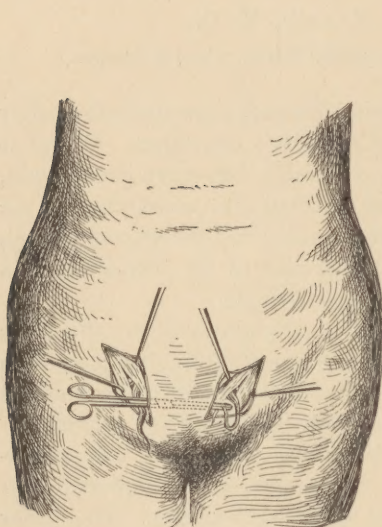


FIG. 1.

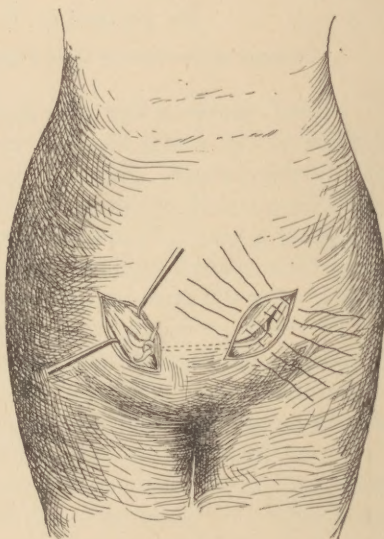


FIG. 2.

second, the uncertain durability of an adhesive attachment after absorption of the sutures.

The unique feature of this method of operating is the suspension of the uterus by tying the two ligaments together over the symphysis. The original feature of the procedure is that this is accomplished without extending the surface wound over the symphysis. This operation requires less time than is required when buried sutures are employed.

